ALICE B. BUTTWELL
27 Crossmon Road, New Milford, CT 06776
(860) 350-6025

CT Select Committee on Children
Public Hearing, February 19, 2009

Dear Co-Chairs Anthony Musto, Diane Urban and respected members of The Select Committee on Children,

My name is Alice B. Buttwell. I am a parent and guardian of my 20-year old son who has multiple, complex special care needs. I have not been able to testify before you in person as I have a broken arm, a broken heart and disheartened spirit.

I am the Northwest Coordinator, Family Support Network-NW, a statewide organization under the umbrella of our State Council that is legislatively mandated statewide to help children with special health care needs, their families and the providers who help them. The mandate of the CT Family Support Council is: To assist children with special health care needs & their families, & the state agencies that provide support to them - (1) establish a comprehensive, coordinated system of family support services (2) use existing state & other resources efficiently & effectively as appropriate for such services (3) identify & address services that are needed for families of children with disabilities (4) promote state-wide availability of such services.

I also work as a Family Support Consultant for the Northwest Medical Home Initiative for Children & Youth with Special Care with a team of clinical care coordinators that is also statewide.

I served a limited time on the DCF Citizen Review Panel (CRP) coordinated through FAVOR, an advocacy agency. CRP reviews CT DCF policies & procedures and makes recommendations to DCF.

I am here to support and/or oppose bills for review:

1. **SB 877** Act implementing recommendations of Program Review and Investigations Committee concerning CT Dept. of Children & Families (DCF) – OPPOSE IN PARTS & FAVOR in PARTS
   SB 878 Act concerning prevention Role of DCF – STRONGLY OPPOSE IN PART & STRONGLY FAVOR IN PART
2. **SB 879** Act concerning oversight & re-organization of DCF – Strongly agree re. oversight & re-organization of DCF. Disagree with task force study until after review of past studies.
3. **HB 5915** Act concerning "stuck kids" – STRONGLY IN FAVOR
4. **HB 6411** Act concerning reduction in poverty and investment in prevention – STRONGLY FAVOR WITH CONDITIONS

5. **HB 6419** Act concerning transparency and accountability of DCF – STRONGLY OPPOSE – **Recommend to proceed without** the study on issues concerning transparency & accountability.
6. **HB 6420** Act concerning leadership audit of DCF – STRONGLY OPPOSE – Re-structure, re-organize & downsize, then transfer, fire, hire & match all state employee credentials to all positions

Bills 877/878/6411 - I strongly oppose that DCF should plan, create, develop, operate or arrange for, administer and evaluate a comprehensive and integrated state-wide program of services, including preventative services.

- I PROPOSE TO CONSIDER A PREVENTION COLLABORATION OF ALL STATE AGENCIES serving all children ON ALL LEVELS FOR PREVENTION FOR ALL CHILDREN WITH AND WITHOUT SPECIAL HEALTH CARE NEEDS headed up by established trained, experienced administrative management and clinical staff to also include clinical care coordination models with rapid ability to connect with individualized resources, services, etc. or create a

- NEW PREVENTION agency.

- Prevention should address the child, their parent/caregiver and treat the entire family in the process, while taking into account cultural & diverse backgrounds, economic status, raising children with special care needs, recognition of short-term, temporary family crises, a changing family situation, major life changes, etc. Decisions concerning children and families should not be based on personal judgments or subjectivity of state employees nor should they be reflected so in documents or social studies given to the courts without first establishing hearsay & personal judgment from facts, evidence, and circumstances.

- Move Child Advocate to Attorney General Office – There should not be a sole person to determine which child to provide assistance pursuant to investigation in DCF cases in advocating for the best interests of the child. The Child Advocate should draw from legal expertise of AAG's & other partners in the prevention collaborative. All children should have that right to be heard, not based on subjective interpretation by one advocate.

- Add funds & staff to CT Legal Offices who already deal with medical and special education issues for children. Add sliding scale method of payment to families who are above the qualifier income so they can apply for experienced attorneys in medical & special education.

- Move Office of Ombudsman out of DCF and replace its Chief with a current staff & add new staff as a separate prevention and objective collaborative. Appoint new Chief in place of Child Advocate for review of complaints of persons concerning actions of any state municipal agency providing services to children through funds provided through the state, make appropriate referrals and investigate those & respond directly back to or where they can refer to Child Advocate who determines if child & family need further assistance with help of AAD's or CT Legal Services or that a systemic issue in the state's provision of services to children & their families is raised by the complaint. If complaints are ignored or not investigated, some proposed penalty/sanction should be imposed on these offices.

- Chief Child Protection should train court-appointed attorneys, guardians & GAL's - NOT the Child Advocate or do jointly with Child Advocate & Attorney General. The trainees should all be accountable if they put children & families at risk, put children and families in unnecessary untimely delays, threaten or treat parents with disrespect and do not perform their responsibilities, ex written reprimands with copies to State Bar, penalties, etc.

- DCF Training Academy should have a completely new overhaul in their curriculum to address all proactive areas of prevention across the board for all children from all cultures and with all individualized arenas related to children & their families that are numerous to list here under time constraints.
- Job credentials for case workers & their management staff working with children with special care needs should be based on education combined with relevant training and experience to meet each child's needs.
- The workers should also be knowledgeable of resources out there needed & where to tap into them on a timely basis to help the child.
- The facilities under DCF should provide treatment plans and programs individualized to children with special care needs both in their residential and educational milieu. The assigned education 'surrogate parent' advocate should get more intensive training, experience and shadowing from Dept of Education before given a case involving special education of a child with special care needs. The title "Surrogate Parent" should be changed to 'surrogate educational advocate' and delete the word 'parent' that is NOT their role. All DCF case workers and team members should also have fundamental training in special education in addition to hopefully new expansive training at their training academy on various neurobiological brain disorders, mental health, behavioral & physical disabilities, including sensory integration & auditory processing disorders, functional behavioral assessment & management plans, social skill development training, and other such relevant topics that can be determined at a later date.

- Re. individual service plans for children the plan should be subject to review at least every six months or upon reasonable request by the parent based on a changed circumstance 'in the best interests of the child' – failure to include parent, blatant lack of response to, or unnecessary untimely delays shall result in imposing sanctions on the worker/s to include specific fines, demotion or dismissal from DCF. Children with special care needs change with growth, development, treatment, etc and their needs and/or treatment should NOT be subject to untimely delays in staff workers schedules.
- Are the CT Community KidCare principles and goals still in existence or has the name changed?
- Section 10 – a) amend wording individualized to children in special education and compliance with laws under IDEA
- SEC 12b All parties should be mandated to attend in order to provide mutually balanced participation and share perspectives and objectivity of specific action steps to be recommended as court ordered
- SEC 12 new pilot plan – amend: Educational, behavioral health and other special care needs,
- Assume visitation plan taken out of treatment plan as there was no mention on the bill about it.
- RE #9/877 Establish a more frequent, concrete time schedule of review of children with special care needs in any foster care and permanent care facility and recommend changes in placements of these children, as well as policies & procedures for placement of such children. Depending on the individual child & what their special care needs are and the environment where they are living, their needs may change more frequently, need adjustments, require additional services or require more attention paid to meet their needs in a different or timely manner.

SB879 - I strongly agree with an oversight and re-organization of DCF that should start to begin now. There are specific changes in policies and procedures that can begin now or have already begun, and that should be an ongoing process, especially after hearings, testimonies, positive and negative processes and complaints in the system of DCF. There are also some major changes in structure that can begin now while continuing to undergo other re-organizational changes, such as two proposed above regarding Prevention and Office of DCF Ombudsman.

Visitation subject: Visitation policies previously stated that they were required to be written in the treatment plan. While there were treatment plans written in the recent past without a visitation plan incorporated, there were also no separate written individual visitation plans. I do not see a revised amendment to policy & procedure that the visitation plan was to be written and incorporated in the treatment plan. The DCF website currently refers to it as Section 36 but there is no visitation policy as written before nor amendment to it.

I strongly urge that there be a written visitation policy & procedure by the DCF. The procedure should then be written and agreed upon by all members of the treatment plan, including parents/caregivers, and presented to the court. All family cases and circumstances are

different, vary in degree and can be subject to change. There are all kinds of visitations that take place in the home, at a visitation center, treatment center, group home, etc. including the nature of the allegations of the parents. Many times visits are supervised by DCF direct worker staff, at a facility that can be far away from the family or worker, or by a paid outside agency that comes from DCF funds. There should be clear and written directives immediately if a family finds that they are being supervised by both an outside paid agency and a direct staff, with no privacy nor closure as to why they have fell victim to allegations. The directives should be fair and objective and level & degree of or no supervision should be directly related to each individual family. It should also take into account the best interests of the child with his/her family and **it should not interfere with a meaningful relationship between the child and his/her family.** Each family should get a copy of it, as well as the person assigned to provide the supervision. It should be clear as to roles of the 'supervising staff' who might just assume, get confused or not know what is meant in each individual case by 'supervising', including the number of people supervising. The schedule should be made in the best interests of the child and at a mutually agreeable date and time. There should be room for reasonable flexibility for the family should an occasional problem arise or a procedure to make a longer-term change. It should not be made based solely on personal opinions and subjectivity of the workers including the social worker/case manager, or in the best interest of the 'workers or outside supervising agency' and their own schedule. There should also be written in the visitation plan a procedure to address any issues that might arise related to visitation for a child in custody by his family, for example transportation, comfort level of the family, etc.

HB5915 Stuck Kids: I strongly agree that DCF should review and monitor placement of every out-of-state, runaway and homeless child and youth n the custody, care or supervision of DCF to develop accurate information. I can only speak to out-of-state placements. Unless already established, there has to be a strict, extensive and clear monitoring system in place for each child. The case manager, the supervisor, the other team members such as a nurse, educational liaison and area manager have to be responsible and are accountable for the child/youth's life, safety, protection, monitoring treatment program , medical, educational, community, personal development and belongings, and other relevant aspects of the child in custody in the best interests of the child. It should be required as an active participant and same requirements of a guardian. It should not be a complete reliance of expectations that the facility they have placed their ward will get the treatment and services by the funded facility. It should also not be a dump and run. The child should have DCF as the guardian active in ongoing monitoring, visiting, supervising, participating in every aspect of the child's individualized services and program there, to ensure all his/her needs are being met, including on a personal level (ex hair cut, nail care, safeguard of personal belongings – especially children with special care needs who may need assistance with safeguarding personal belongings from loss or theft or help with learning organizational skills) and that it continues to be an appropriate placement. This is more strongly recommended when the child has disabilities and multiple care needs. All also serve as life prevention measures, are efficient and effective in costs & time-savings overall, but most importantly helps to promote the welfare and well-being in the best interests of the child now and in his/her future.

Respectfully submitted by Alice B. Buttwell, February 24, 2009